



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
LICENSING & INSURANCE EDUCATION  
PO Box 327  
TRENTON, NJ 08625-0327

JAMES E. MCGREEVEY  
*Governor*

Tel (609) 292-4337  
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HOLLY C. BAKKE  
*Commissioner*

**Address Change Request**

**Licensee Name:** \_\_\_\_\_

**License Reference #:** \_\_\_\_\_

**Please change:**

\_\_\_\_\_ **Home Address:**

**Prior address:** \_\_\_\_\_

\_\_\_\_\_

**New address:** \_\_\_\_\_

\_\_\_\_\_

**Change effective date:** \_\_\_\_\_

\_\_\_\_\_ **Business Address:**

**Prior address:** \_\_\_\_\_

\_\_\_\_\_

**New address:** \_\_\_\_\_

\_\_\_\_\_

**Change effective date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** If change is for a business entity, the request must be signed by a licensed officer or designated responsible producer.

**Send to:** NJ Dept. of Banking & Insurance  
Licensing & Insurance Education  
PO Box 327  
Trenton, NJ 08625  
Fax #: 609 984-5263